

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 96-267, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U-13615

2. Fiscal Year Covered From:

01/01/04 through 12/31/04

3. Name and address of person filing.

Name: Thomas W. Burke

4. Name, file number, and address of labor organization.

Name: Sheet Metal Workers Local #73

Labor Organization File Number: 036-283

P.O. Box, Bldg., Room No., if any:

P.O. Box, Building and Room Number, if any:

Street: 4535 Days Ave

Street: 4550 Roosevelt Rd

City: Bronx

City: Wilkins

State: IL ZIP Code + 4: 60513

State: IL ZIP Code + 4: 60622-2053

5. Position in labor organization:

FINANCIAL SECRETARY TREASURER

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name: _____

7.a. Nature of Interest, Transaction, or Income.

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

7.b. Amount.

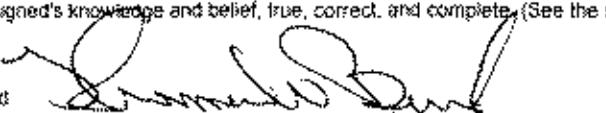
Street: _____

City: _____

State: _____ ZIP Code + 4: _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed: 

On 8/26/05 787-485-7811

Date

Telephone Number

Name of Person Filing

Thomas W. BURKE

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Blue Cross Blue Shield of Illinois**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street **500 S RANDOLPH**City **CHICAGO**State **IL** ZIP Code + 4 **60601-5000**

9. Business deals with.

- a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Branch Health Workers Pension Trust**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street **4530 PERSHING RD**City **HILLSIDE**State **IL** ZIP Code + 4 **60162-2000**

11.a. Nature of such dealing.

LABOR COST OUTTING11.b. Approximate dollar value of such dealing. **38542**

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4

14.a. Nature of payment.

14.b. Amount of payment.